

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729998

1. Entity Name

R.B. CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90013 030 ****70.00

Principal Place of Business

Mailing Address

RIVER BEND RD.
PO BOX 190
WELAKA FL 32193-7190

RIVER BEND RD.
PO BOX 190
WELAKA FL 32193-0190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7429472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, JIMMIE M
130 RIVER BEND PL
WELAKA FL 32193

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COX, JAMES T	
STREET ADDRESS	8925 SAN RAE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, JIMMIE M	
STREET ADDRESS	130 RIVER BEND PL	
CITY-ST-ZIP	WELAKA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, W R	
STREET ADDRESS	4651 IRIQUOIS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	M	<input type="checkbox"/> Delete
NAME	RIDDERING, LOUISE	
STREET ADDRESS	P.O. BOX 826	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, LESTER L JR	
STREET ADDRESS	2252 STATE RD B	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newton, W R	
STREET ADDRESS	4651 IRIQUOIS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CHARLES R.	
STREET ADDRESS	P.O. Box 1012	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature **FLAURED**

Date

Daytime Phone #

CR2E037 (9/99)